

Employee Termination Form



* Updated December 2023

*This form must be completed, by the department, whenever an employee leaves employment. The form must be submitted to the County Board Office and Payroll Office **within 24 hrs** of the event. (i.e.: notice given, termination, etc.) The original letter of resignation must be attached to this form.*

Employee Name:	
Social Security #:	
Current Address:	
Phone Number:	
Personal Email:	
Department:	
Job Title:	

Reason for Separation (circle one)	termination	laid off	probation	deceased	retired	unapproved hire
	leave of absence	disability	seasonal	resigned		

Term Type:	_____ Voluntary	_____ In-voluntary	Status of Employee: (circle one)	FT	PT	Temp
Eligible for Re-hire:	_____ yes	_____ no		Seasonal	Intern	PRN

Last Day Worked:		If FMLA Last Day Pay Status:	
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Term Date:		Last Pay day/Payroll period:	
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Work Email Shutdown Date:		Work Email Address:	
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Two weeks notice given if applicable:	_____ yes	_____ no
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PAID TIME COMING (Hours):	COMP: _____	VACATION: _____	SICK TIME: _____	OTHER: _____
	PERSONAL: _____	OVERTIME: _____		

Explain "Other" Time:	
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Insurance Termination Date:		Insurance Plan Type:	HOPE 1000	HOPE 4000	HRP
			Dental/Vision		

Name of person completing this form:	
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Title:		Date Completed:	
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Office Use Only:		
1095-C information updated	Yes	No
W2-Address Updated	Yes	No
IT Notified of Email Shutoff	Yes	No
Employee deactivated from NeoGov	Yes	No